

RECORD OF LEAVE DATA

1. Name (Last, First, Middle) Doe, John E				2. Social Security Number 111-22-3333				3. (For agency use)					
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input type="checkbox"/> No B. Last Date Subject to 5 U.S.C. 6304(B)				C. Annual Leave Balance as of That Date (Hours)					
6. Total Service for Leave (as of Date of Separation) <input type="checkbox"/> More than 15 Years <input type="checkbox"/> Less Than 15 Years (show) _____ Years _____ Months _____ Days													
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE							
7. Carryover Balance From Prior Leave Year Ending		MO.	DAY	YEAR	HOURS Annual Sick Restored			18. Basic Service Period of 24 Months of Continuous Service Abroad: Date Started Date Completed		MO.	DAY	YEAR	
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)								19. Current 12 Months Accrual Period Began on					
9. Total								Hours Absent Without Pay Since That Date _____					
10. Reduction in Credits, If Any (current year)								20. Current Balance (or accrual) as of					
11. Total Leave Taken, Current Year Through Date of Separation								Number of Days _____					
12. Balance								21. Twelve Months Accrual Date as of Date of Separation					
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)								Number of Days _____					
14. Salary Rate(s) Per Hour:													
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)			MO.	DAY	YEAR	HOURS		22. Dates Leave Used Prior 24 Months		FROM MO. DAY YEAR		TO MO. DAY YEAR	
a. Restored		From											
b. Annual Leave Above Ceiling		Thru											
c. Annual Leave Within Ceiling		From											
		Thru											
ABSENCE WITHOUT PAY													
16. During Leave Year in Which Separated						Hours		23. During Current Calendar Year		FROM MO. DAY YEAR		TO MO. DAY YEAR	
17. A. Date of Last Equivalent Increase						MO.	DAY	YEAR	A. Regular-Active Duty or Training				
B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments)						Hours		B. Special-Civil Disturbance					
24. Remarks (include shore leave information, if applicable):													
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number						27. Date	